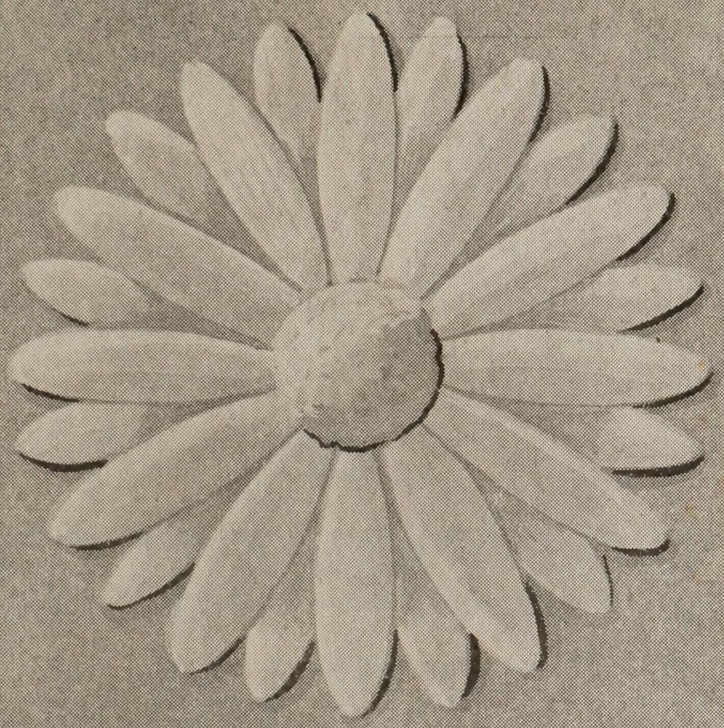

THE ANTI-TUBERCULOSIS LEAGUE OF ISRAEL

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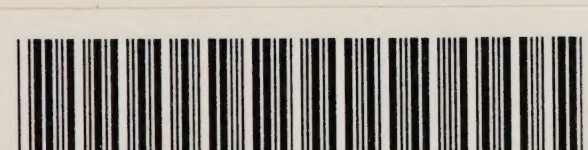

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THE ANTI-TUBERCULOSIS LEAGUE OF ISRAEL

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OF THE ANTI-TUBERCULOSIS LEAGUE OF ISRAEL.

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FRIENDS OF THE ANTI-TUBERCULOSIS LEAGUE OF ISRAEL ABROAD.

Great Britain: Committee of Friends of the Anti-Tuberculosis League of Israel,

France: Commitée Française des Amis da la Ligue Anti-tuberculeuse d'Israël

Holland: Nederlands Comite tot hulp aan de Anti-Tuberculose-Liga in Israel

Sweden: Kommitte for Anti-Tuberculosis League of Israel.

Switzerland: Committee of Friends of the Anti-Tuberculosis League of Israel

Denmark: Committee of Friends of the Anti-Tuberculosis League of Israel.

Finland: Committee of Friends of the Anti-Tuberculosis League of Israel

In a pioneering country like Israel, the ailing are frequently the initiators of their deliverance. It was the intelligent efforts of the public in general and public-spirited physicians in particular, that brought about the establishment of the Anti-Tuberculosis League of Israel.

The League envisaged from the very start two main objectives in its work:

a) To prevent the spread of tuberculosis.

b) To treat the sick.

Inspired by the devoted, though limited, backing of the Yishuv the League succeeded in steadily expanding and improving its work of mercy, by spreading hygienic enlightment, by preventive work and by ameliorating the lot of the stricken in its Sanatoria and Hospitals. A complete network of dispensaries was built and central Sanatoria and Hospitals were erected and in order to provide social, educational and preventive facilities on one hand and clinical treatment on the other.

With the influx of the unprecedented vast Aliyah and the Proclamation of the State of Israel the tasks, hitherto big, expanded tremendously.

Conscious of the great responsibility, desiring to attend to and overcome the mounting needs of the tubercular among the New Olim (immigrants), the ex-servicemen, the children and the poor, and determined to cope with the vast tasks ahead, the League sets out to outline to her friends abroad her achievements, shortcomings, ambitions and her plans for a brighter future in the fight against Tuberculosis in Israel. To its many friends and sympathizers abroad this pamphlet is dedicated.

ACTIVITIES OF THE LEAGUE

The League was established in the year 1924. Although the Yishuv was at that time very small, it was realised that the activities of the League would have to be of a twofold nature and direction:

a) To care for social hygiene and preventive work.

b) To provide clinical facilities and treatment.

It was, therefore, decided to constitute the League accordingly.

The scheme was to build the organization concentrically and diametrically with a view to future expansion.

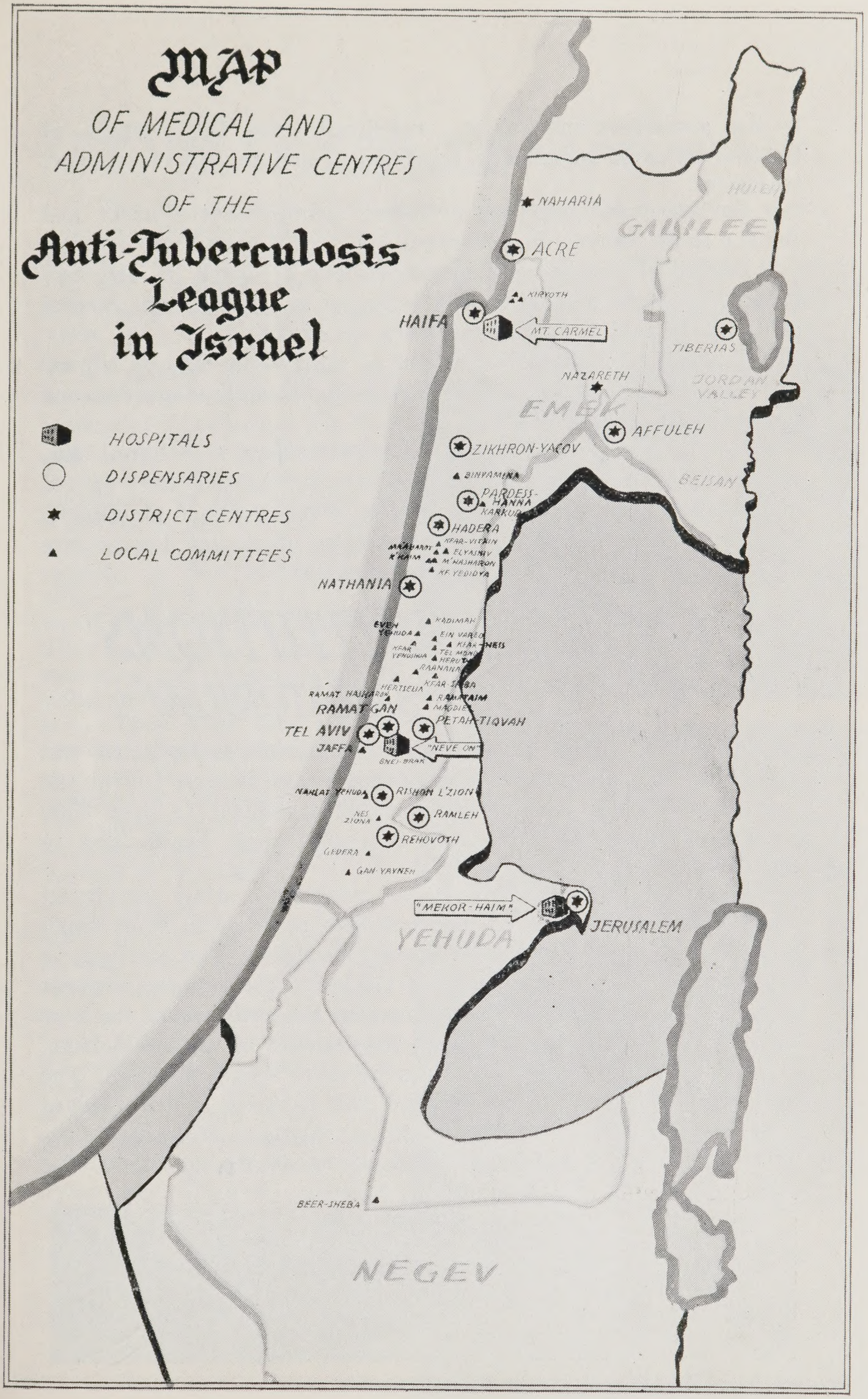
Medically, the regional dispensary had to concentrate on social hygiene and preventive work and to constitute the medical cell. All the medical cells were to be controlled and supervised by a Central Medical Control Board. All the medical cells were to terminate in the Hospital, Sanatorium etc., where the clinical cases had to be sent by the dispensaries. Thus medically the organisation was planned as an organism composed of cells, the dispensaries, and central organs, the Hospitals, Sanatoria etc.

Administratively, the regional branch was to concentrate on mobilising the voluntary co-operation of the population, to propagate hygienic ideals, to raise funds, etc. These branches were to constitute the adminitsrative cells of the organization. In every regional centre local committees of Friends of the League were to be called into being, their objective was to supervise and assist this administrative cells in their work. All the medical cells, or dispensaries, and all the administrative cells, or regional branches, were to be controlled and directed in their work by an elected Central Board of the League, through its administrative office. The elected Central Board was to include professional and public men.

This roughly outlines graphically the framework of the Anti-Tuberculosis League, and was fully accomplished.

The League, as a public organization, is governed by the periodically elected Convention. Every local committee sends its delegates to it. The Convention elects the Central Governing Board. This Board sets up an executive body which attends to the current affairs of the League.

The League does her utmost to discover the earliest symptoms and curable stages of the diseases, by examining the patients and suspects at her dispensaries. Mass examinations are being conducted,


MAP
OF MEDICAL AND
ADMINISTRATIVE CENTRES
OF THE
Anti-Tuberculosis
League
in Israel
HOSPITALS
DISPENSARIES
DISTRICT CENTRES
LOCAL COMMITTEES
NAHARIA
ACRE
KIRYOTH
HAIFA
MT. CARMEL
GALILEE
TIBERIAS
NAZARETH
JORDAN VALLEY
EMEK
AFFULEH
ZIKHRON-YAACOV
BINYAMINA
BEISAN
HADERA
NATHANIA
KADIMAH
EIN VARED
RAANANA
KFAR SAVA
RAMAT HASHARON
RAMAT GAN
TEL AVIV
JAFFA
PETAH-TIQVAH
"NEVE ONO"
BNEI-BRAK
NAHLAT YEHUDA
RISHON L'ZION
NES ZIONA
REHOVOTH
GEDERA
GAN YAVNEH
"MEIKOR-HAIM"
JERUSALEM
YEHUDA
BEER-SHEBA
NEGEV

by her specialists and nurses, periodically, for the purpose of locating cases of pulmonary tuberculosis and to provide medical treatment.

Similar examinations are effected among school-children and for the same reason. The Mantoux test and x-raying are applied.

Periodical lectures and broadcasts are arranged on problems of social hygiene and tubercular infection and prevention. Special attention is paid to instructive work at school.

The central medical institutions of the League provide clinical and curative treatment. These are being steadily expanded and modernized.

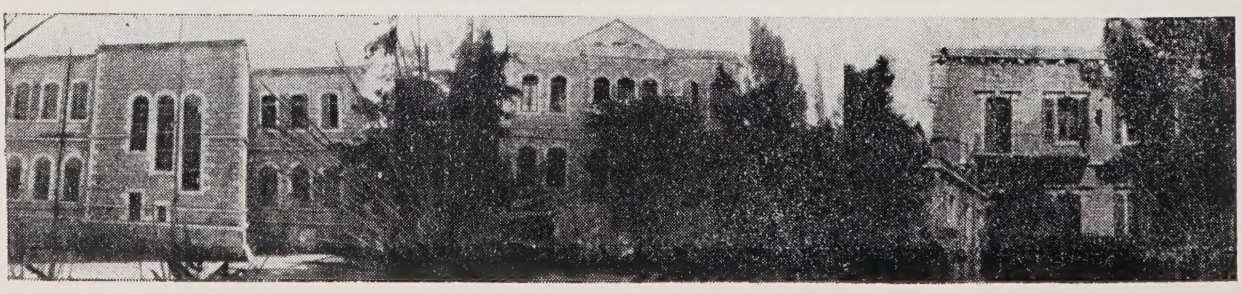
Not long ago, the League began combatting tuberculosis also among the Arab population of this country, through its newly opened and about to be opened dispensaries in towns of mixed population, like Acre, Jaffa, Ramleh, etc. The erection of similar dispensaries at Beer-Sheba and Nazareth is contemplated.

CENTRAL INSTITUTIONS

MEKOR-HAIM SANATORIUM

The Mekor Haim (Source of Life) Sanatorium in Jerusalem was one of the first institutions to be opened by the League. During the past 16 years the Sanatorium provided treatment to over 3500 patients, helping many of them to regain their health and to resume work.

However, the Sanatorium was unable to attain maximum efficiency. It was forced by circumstances to house in many small cottages, unsuitable to provide modern facilities. The aim was to achieve a maximum bed capacity of 170 beds. The progress towards this objective was steady. Unfortunately, the outbreak of the War of Liberation in 1948 necessitated the transfer of the Sanatorium, if only temporarily, from Jerusalem to more secure quarters. The provisional asylum was Jaffa, and the capacity which reached almost 150 beds in Jerusalem had to be reduced to 80 owing to the new circumstances and insufficient accomodating quarters. The



children's ward, a special ward, erected with much sacrifice and difficulty, had to be abolished altogether.

The Sanatorium is at present back in Jerusalem at new quarters. Owing to the ravages of war it is now much worse off and requires very badly new medical and hospital equipment.

Hereunder are given excerpts from the history of this struggling Sanatorium. On May the 5th, 1934, a modest resting home for tuberculous was inaugurated, at the initiative of members of the Central Board and of the Tel-Aviv regional branch, in the Mekor Haim Quarter of Jerusalem. 15 patients arrived from Tel-Aviv. They came loaded with beds, matrasses and similar paraphernalia and invaded the first cottage. They were sent by the regional physician in Tel-Aviv, to enjoy the healthy and cool climate of Jerusalem during the summer months. This "Sanatorium" was closed down at the end of the season.

Nevertheless, the experiment proved an outstanding success. On May the 2nd, 1934, therefore, the institution, later to be christened after the quarter where the experiment was started, was formally opened with a capacity of 30 beds. In spite of the hardship, medical treatment was improving. The clinic was transferred from a corridor,

Above: Pneumothorax Treatment

Below: X-Ray Screening

where it was situated, to a pavillion of moderate size. Operations and other specialised clinical treatment were effected there.

In the year 1939, the "record figure" of 80 beds was attained.

Then war broke out and the first war casualties of the Yishuv and the Allied Armies were brought in.

In 1942, a special children's ward comprising 30 beds was opened. The ward was accomodated in a new house specially adapted to this purpose.

MT. CARMEL PREVENTORIUM

This institution, in memory of Mr. and Mrs. Wachtel, is wholly dedicated to the care and treatment of tuberculous and to those constitutionally disposed to it between the ages of 5—12.

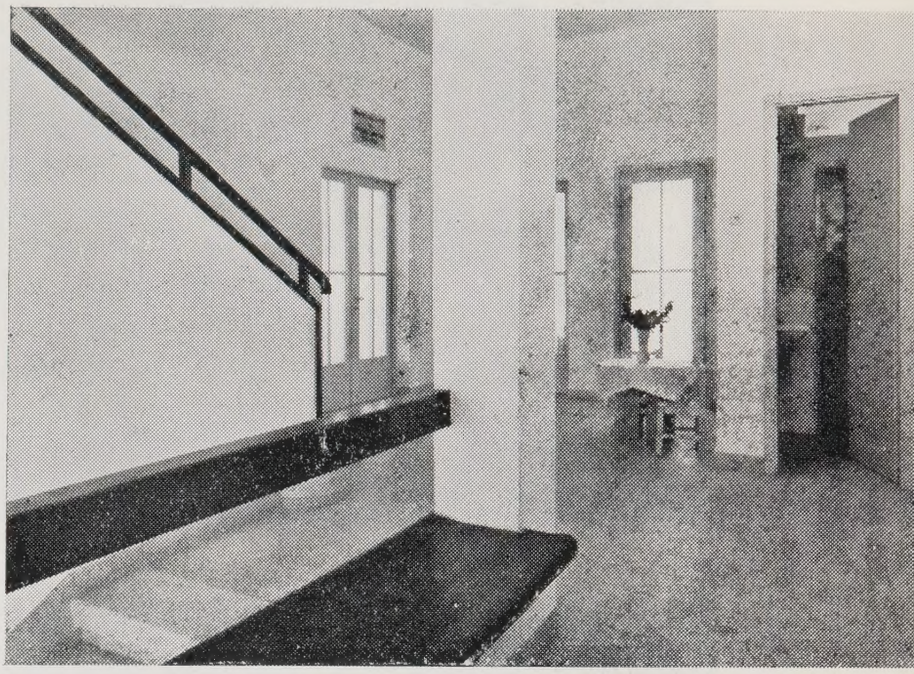
Since its inception, 19 years ago, and until the recent mass immigration, the institution cared for and nursed to health weak children, potentially susceptible to the disease and children of families known to be infected. The children are kept happy and in good spirits by planned education and vocational games. A special coaching staff is provided.

Although the normal capacity was planned to be 60 beds, only 42 exist now, owing to lack of funds for an additional wing. It was lately necessary to take in additional ten children of Olim, in spite of the acute bed shortage.

A noticeable increase in the incidence of TB cases among children in Israel, particularly among the new olim (immigrants) children, has been recorded. An expansion of the institution became, therefore, an urgent necessity. More up-to-date equipment, to include vocational and educational besides the medical, will have to be provided. For the present, the steady increase of TB among children coupled with an acute hospitalization shortage is a cause of great anxiety.

This institution is straining to give the utmost clinical, vocational and educational attention

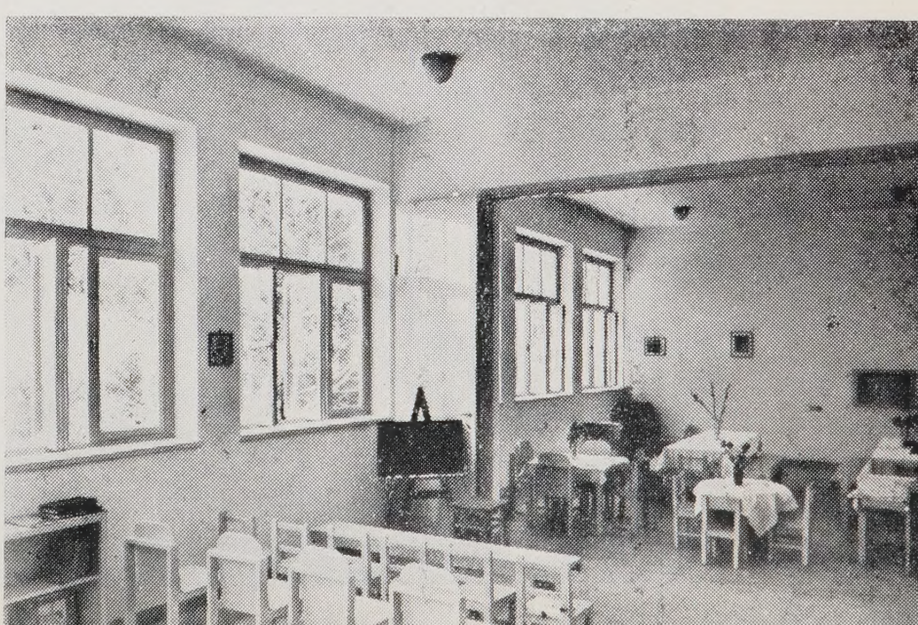
to the poor children, to make up for the losses and the deprivations suffered by them at the hands of a cruel fate. It is no wonder, therefore, that the establishment is in urgent need of funds to expand its facilities and to erect the additional wing in order to increase the number of beds to 100.



Some outlines of its history will interest those sympathizers who want to get acquainted with the difficulties encountered in this country in problems of child welfare.

This Preventorium, a two-storey building, ~~exists~~ has been in existence since 1930 and is located in agreeable surroundings, on the grounds of Lord Herbert Samuel's estate. Originally it was planned to provide periodical recreation to weak children, potentially susceptible to the disease, and to children of infected families. For almost 10 years the Preventorium operated on these principles. During that period. 564 children, from all over the country, were treated there and stayed in it 21782 days. It is the first institution of its kind in this country. At the ourbreak of the World War and owing to the danger of air bombardements, it was closed.

In 1943 it was decided to keep the institution open all the year round. Action was taken to transform it from a Preventorium into a „Sanatorium", capable to providing full clinical treatment.



Rest Cure in the fresh air of Mount Carmel

Hanukkah Festive Dinner

Purim - Party

The decision incurred a very heavy financial burden. The entire equipment had to be overhauled and supplemented, and the medical and administrative services reorganised. Educational and vocational facilities had to be provided for on the spot. The little patients were to be kept in a closed institution, in isolation.

The plans also called for the increase of the bed capacity to 100. Because of lack of means, those ambitious plans were realised only in part.

NEVE-ON HOSPITAL

This Hospital, which was erected in the vicinity of Tel-Aviv, is the central medical establishment of the League. This most modern institution standing in vast grounds on a prominence overlooking the coastal plain is admirably situated for this particular disease. It was inaugurated on December 30, 1948. Only one of its wings is built and equipped. The original plans foresee 250 beds. The present capacity is 88 beds.

It is incompletely equipped with up to date clinical equipment, and other devices. Much more instruments and equipment are urgently required.

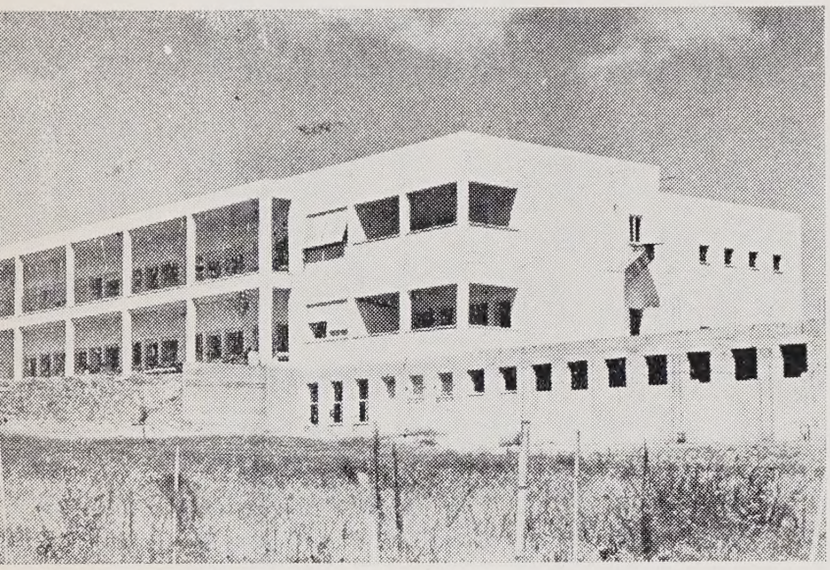
The whole scheme was made possible by generous contributions in the country and abroad. An initial bequest by the late Mr. Yehuda Leib Glueckman and other contributors from abroad should be mentioned with gratitude, particularly the outstanding help extended by the British branch of the Friends of the League and its counterpart in Sweden. Up to now almost £I 100.000 were invested in this central hospital of the League.

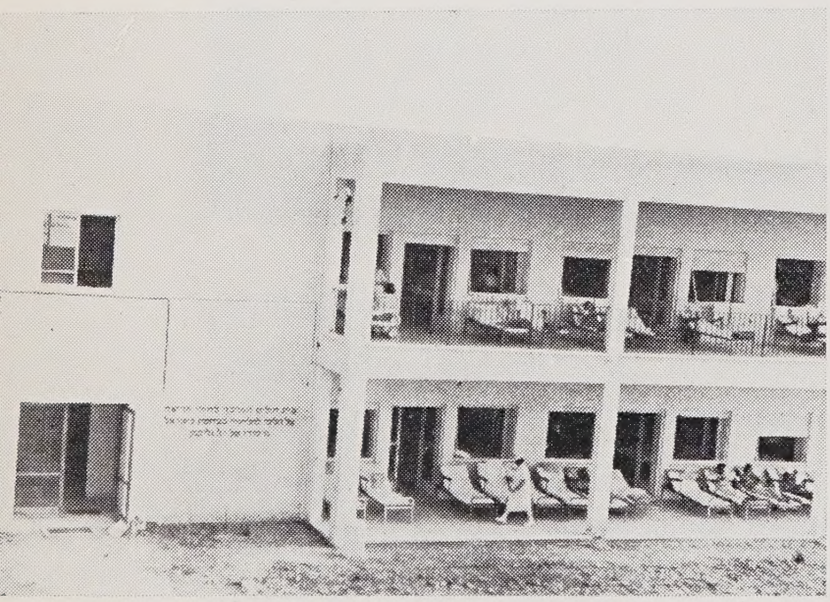
The equipment includes X-ray apparatuses, a fully equipped laboratory, an operating theatre, all the different devices and instruments for thoracoplasty, pneumothorax etc. and modern culinary

outfits which are pre-requisites in up to date hospitals for the treatment of TB.

Vast sunning balconies give comfort and relaxation to strained patients and speed up their recovery.

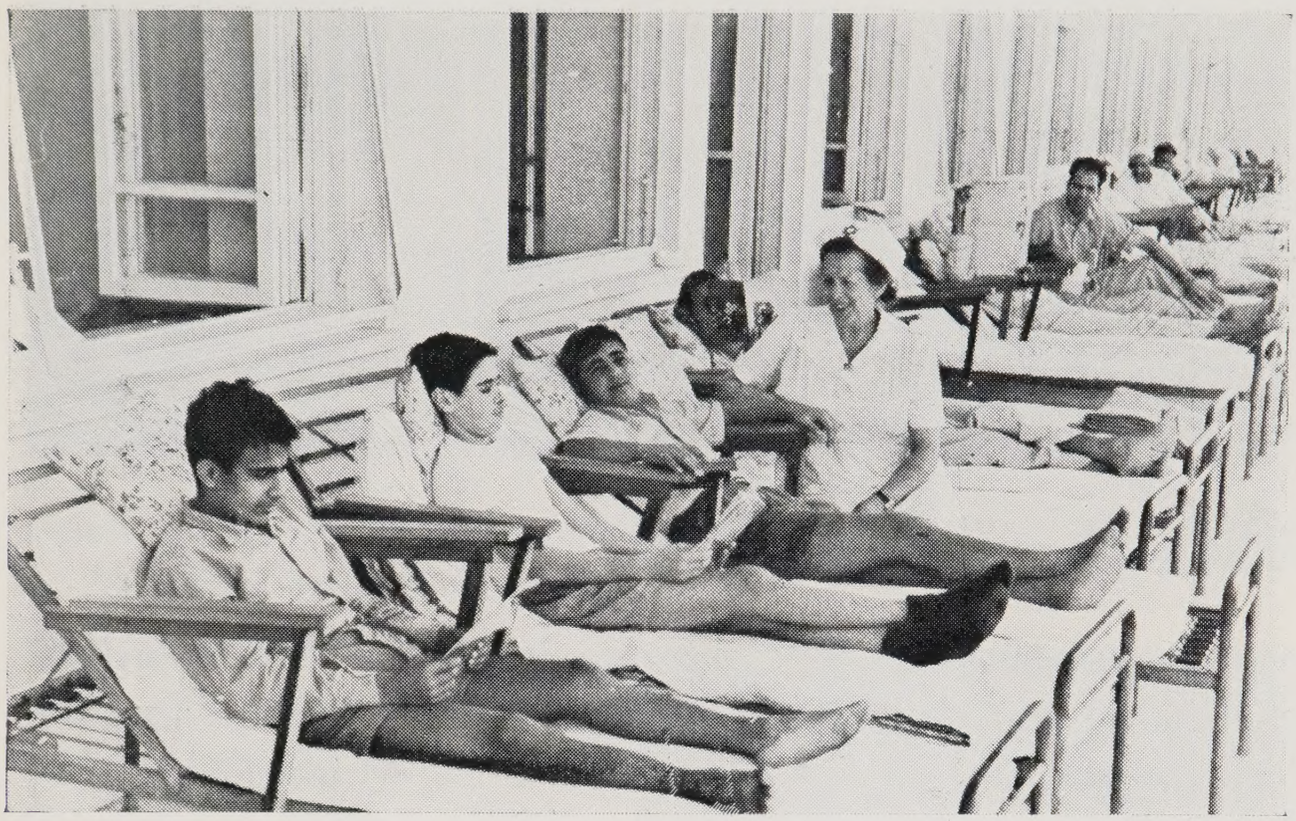
Plans are underway for the erection of the second wing as originally intended. Thus the hospital's capacity will rise to 150 beds out of a total of 250 beds planned. The estimated cost will be about £I 100.000 for the wing, complete with equipment and furniture. When finished it will be a big and modern Hospital, devoted entirely for the care of pulmonary tuberculosis. The latest surgical and clinical processes, in this particular field, will be introduced.





The plans call also for vocational and educational facitities in order to assist in the rehabilitation of fully or partly cured patients. On the grounds of the hospital an extensive garden will be laid out with provision for recreational games and entertainments. Special rooms will be provided for lecturing, music performances etc.

Thus, this institution, when completed, will be an imposing contribution to the solution of the severe bed shortage problem for tubercular cases in Israel.

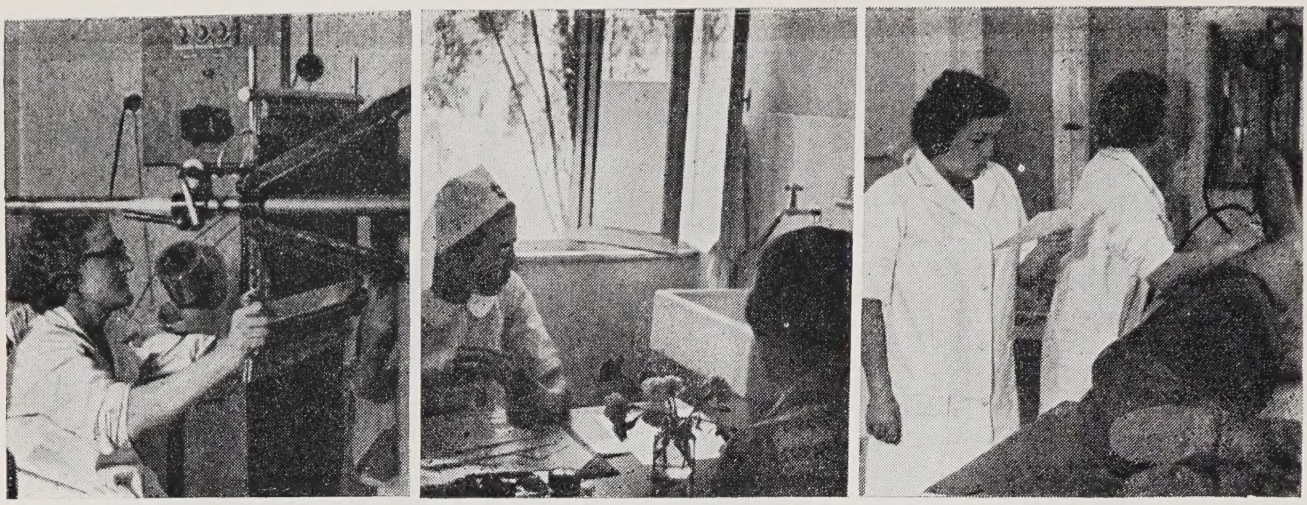


A special campaign for the comprehensive and modern equipment of this Hospital will have to be instituted shortly; as the clamour for hospitalization, among the new Olim, is growing ominously.

DISPENSARIES

The Anti-Tuberculosis League directed its main efforts from the very start to preventive work. Even to-day, it still is the only voluntary agency in Israel constantly and exclusively devoted to the fight againts TB.

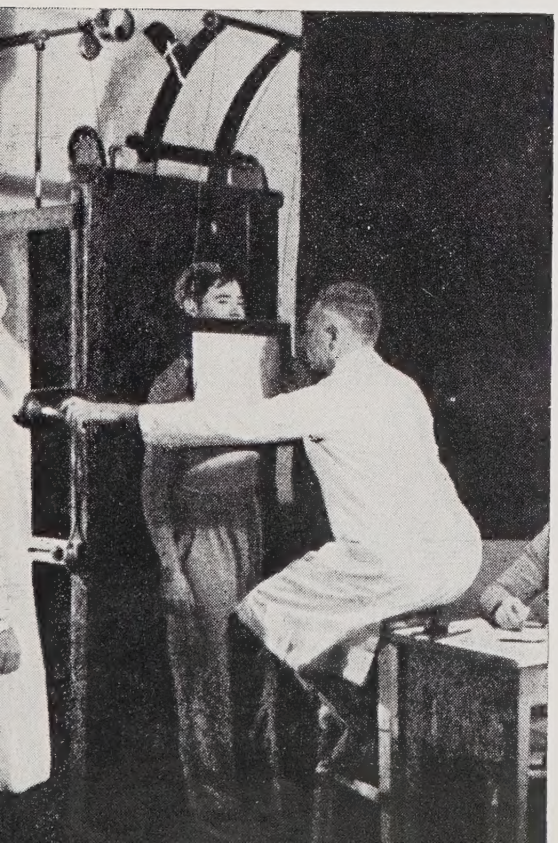
The main objective of the League during the years of its existence has been (a) the prevention of the sickness through the action of its dispensaries and (b) hygienic enligthment through the action of its branches.



At the Tel-Aviv Dispensary during receiving hours

The establishmnet of dispensaries in all the more important villages throughout the country is planned. It is foreseen that 45 new dispensaries, to be situated mostly at settlements of new immigrants, will be opened in the course of a few years.

These new dispensaries will be provided with modern equipment such as X-Ray apparatus, laboratories for tests and examinations as well as hygienic facilities. In all dispensaries, complete records of all cases of tuberculosis in Israel will be kept. These, together with systematic mass examinations and tests, should supply statistical data for the control of the susceptibility and incidence of tuberculosis in Israel.



X-Ray Screening
at the Haifa Dispensary

The League maintains a network of dispensaries in the urban centres of the country. These are provided with equipment — such as X-Ray etc., and appropriate therapeutical requisites — for preventive and curative work.

The bigger rural centres are possessing similar dispensaries fully equipped with the necessary medical instruments, appliances etc.

At its inception in 1924, the League concentrated on the examination of TB patients. The staff of the dispensaries consisted of 5 doctors and 2 nurses who volunteered for a few hours a week. To-day, 12 doctors and 40 nurses are doing regularly preventive work. The ultimate objective is not only to examine patients who come to dispensaries, but to carry out systematic mass examinations and to send out specialists at frequent intervals to visit small towns and distant villages. It is planned to extend the preventive work to school-children and new immigrants.

A new sector of the League's works is the care for Arab citizens in Israel, at such dispensing centres as Acre, Jaffa, Ramleh etc., partly already operating and partly to be organised.

Above: A child being treated at the Nathanya Dispensary

Middle: Arab schoolchildren at Acre line up for Mantoux test

Below: A League Nurse carrying out the test

CARE OF CHILDREN

Proper medical care and control of tuberculosis among children will eventually reduce the incidence of the disease or even eliminate it altogether. The League therefore plans to train a staff of experienced nurses as social workers among schoolchildren. One doctor and the necessary number of nurses, who will be specialised for this kind of work, will be attached to every regional dispensary. They will carry out Mantoux tests and mass examinations and keep records of all shoolchildren under their care. Nurses will lecture, in school clubs as well as in classrooms, about hygiene, tuberculosis infection and the protection against it. These nurses will also check social conditions at the children's homes. Educational posters and leaflets for schools will be published and distributed in the course of special periodical anti-tuberculosis campaigns. The records, obtained at schools, will be kept up to date at the offices of the regional dispensaries and, on the basis of data thus obtained, the regional branches of the Anti-Tuberculosis League will oragnise summer camps for weak and susceptible children. These camps will be placed under the supervision of a medical officer and two nurses.

Mantoux Tests given to schoolchildren

On the other hand, statistics will be compiled from the records and filed at the League's Head Office, for purposes of studying and improving anti-tuberculosis facilities in Israel.

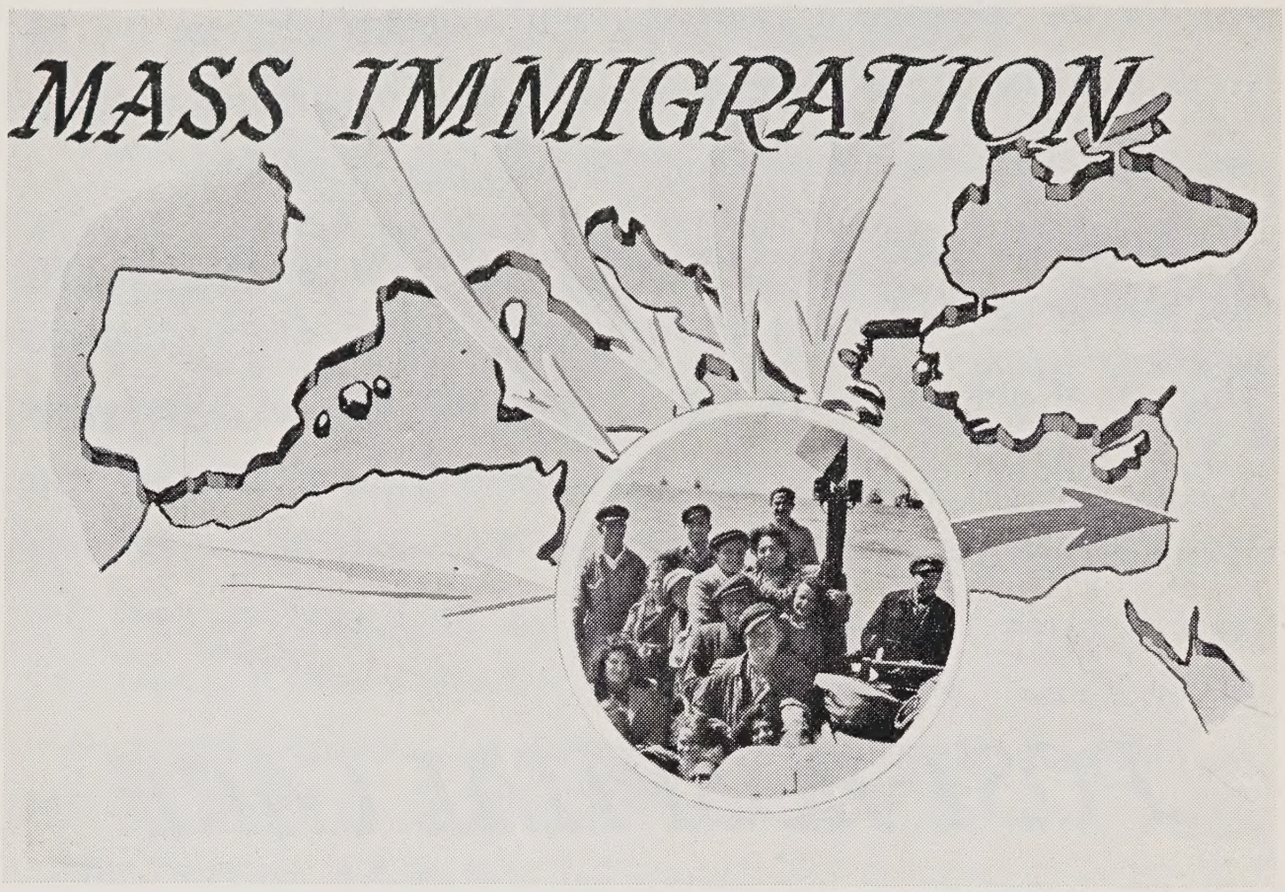
These measures are necesasry on account of the alarming increase of tuberculosis infection among children, and particualrly children of new Olim. So far, at least 250 cases of tuberculosis among children of Olim requiring immediate hospitalization have been recorded, by this procedure.

POST-HOSPITAL CARE

Diseases like TB, which have a high rate of recurrence, require planned post-hospital care and re-education for the rehabilitation of patients into the frame of normal activities.

On leaving the hospital the convalescent is often unable to resume his former occupation. Economic worries and malnutrition, which may have originally caused his illness, lead to its recurrence and, possibly, to infection of his family. A positive programme of rehabilitation and vocational training will have to be provided for convalescents, and the League plans the opening of workshops and educational centres.

These will be incorporated into the system of the League's institutions, so that the patient will receive a complete and comprehensive treatment starting with preventive care and leading through clinical attendance to post-hospital care and final rehabilitation.



The incessant rush of Olim to Israel has greatly aggravated the problems of the struggle against tuberculosis and has created pernicious conditions for the propagation of this disease, which has assumed disquieting proportions. The subtropical climate, the trials and efforts, linked with the need of adjustment to unaccustomed conditions, endemic diseases, bad housing-conditions, all these are factors which lower the resistance of the newcomer. Owing to their relatively lower immunity, children are the first victims.

Not less than 2000 new Oilm require immediaatte hospitailzation on grounds of TB. Olim who are found to be tubercular have first call on available beds, but this general provision still leaves an enormous gap between the terrific requirements and the facilities available, for the effective control of the disease. Urgent steps must be taken to speed up preventive treatment as well as hospitalization for the increasing number of TB cases among the new immigrants.

A League Medical Unit visiting an Olim Camp

Mantoux Tests given to newly arrived Yemenite children

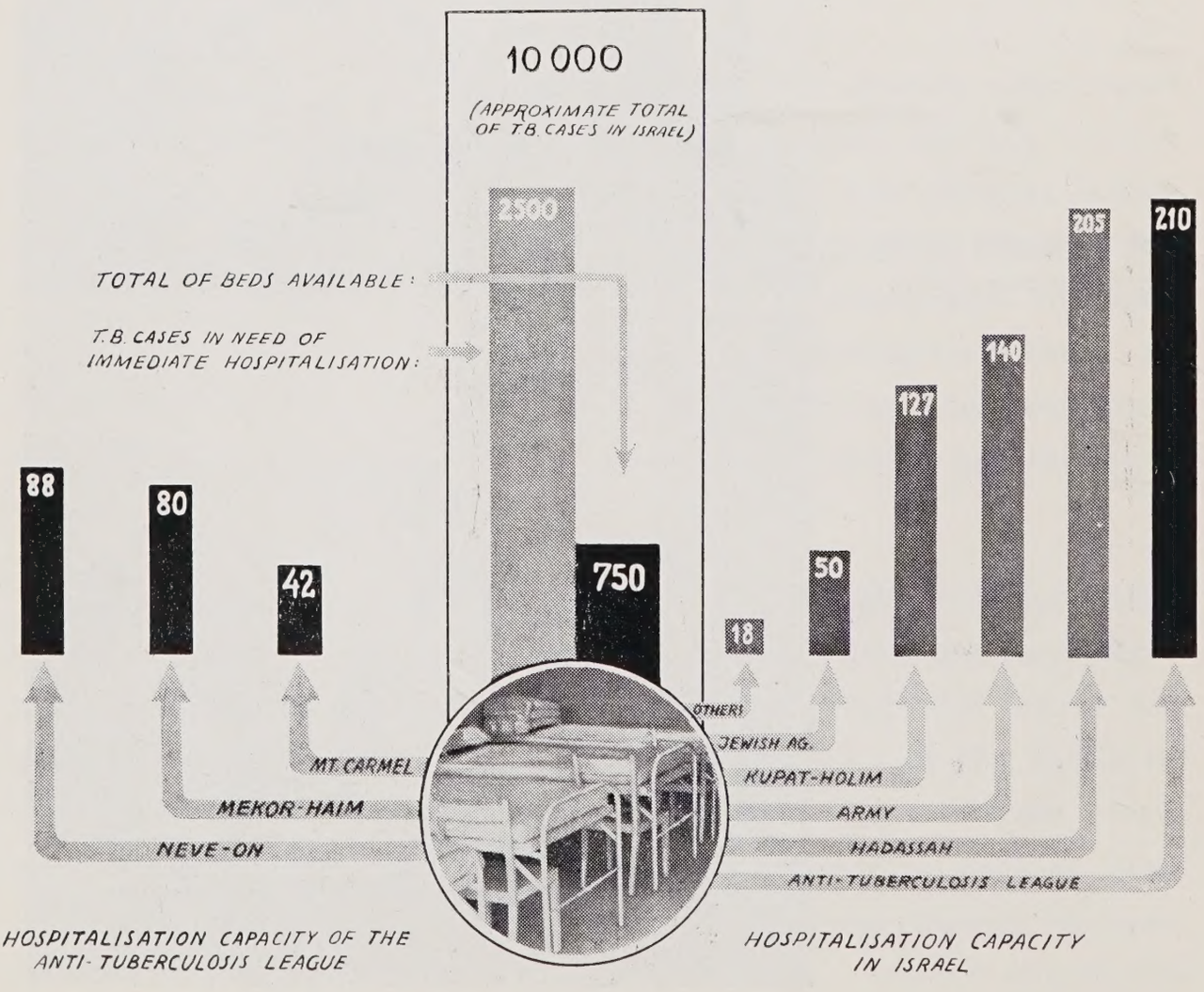
Infant Olim under observation

BED SHORTAGE

According to estimations, the number of TB cases among the Jewish population of Israel amounts to about 10.000. This figure includes about 3000 cases among new immigrants, mostly survivors of concentration and forced labour camps, 2000 of these require immediate hospitailzation.

Even before the proclamation of the State of Israel and the beginning of mass immigration, hospitalization capacity in Palestine was insufficient. This was originally due to the Mandatory Power's disregard of the Country's needs. And now that the Aliya has developed from a trickle to a torrent, the severe shortage of beds causes alarm.

Whereas not more than 750 beds are available in the country for TB cases, a minimum of 2500 beds are needed for all those TB cases among new Olim, ex-servicemen and the established population.



It is evident that, in the presence of Mass Aliya, inadequacy of hospitalization may have very serious effects upon the general state of health of the population of Israel. Immediate steps must therefore be taken, to increase the number of beds of existing sanatoria and hospitals and to erect new institutions.

ACTIVITIES OF THE LEAGUE ABROAD

This country has been suffering, for several years, from a grave shortage of hospitalization facilities for TB cases. The League as far back as in 1947 began to plan the mobilisation of sympathies abroad for its problems.

It was justly assumed, that many organisations abroad would be interested in the well-being and welfare of the new immigrants.

Groups of „Friends of the League" were established in various countries.

The first association of this kind was founded in England in July 1947. The members of the Committee included Lord Horder, Prof. Samson Wright, Dr. Alec Lerner and the foundation meeting

Meeting at "Palestine House", London, July 1947

took place at the "Palestine House" in London. It was attended by many personalities, among others Chief Rabbi Brodie, Mr. Victor Gollancz, Dr. Chain, Dr. Harold Kisch, Dr. Hannah Billig. A picture of this memorable event is given on the previous page. Special mention must be made of the kindness and devotion of Mrs. Sieff. Soon the first contributions began to arrive.

It was the intensive activity of the "Friends" in Great Britain that enabled the League to complete the first wing of the Central Hospital of "Neveh On". The pride of the League.

Similar activities were developed on the continent of Europe. But although results obtained so far are promising, it appears that still wider circles of the public have to be interested, in order to cope with the urgent needs of the present hour. Committees of Friends of the League were established in Switzerland, France, Sweden, Denmark, Finland and Holland. Many official and professional personalities joined these committees.

Special mention must be made of the activity of the Friends of the League in Sweden. The kind-heartedness and energy developed by the Committee in this country which is gallantly guided by Prof. Lichtenstein, is praiseworthy, and the League herewith begs to express its heartfelt recognition to this outstanding personality.

Individual contributions arrive periodically also from other continents, North and South America etc. The promotion of similar committees overseas is contemplated.

During the past months, gifts of equipment and medical supplies have been arriving from abroad. The Friends of the League have been doing their best to alleviate the lot of the sick among the new immigrants.

PROBLEMS AND FUTURE PLANS

The Government of Israel has acknowledged the essential and unique service rendered by the League to the whole population of the country. The magnitude of the tasks would be overwhelming without generous medical and financial help from abroad. The Government plans to eradicate TB within a number of years. So far, the authorities had not yet tackled the problems of TB hospitalization radically. The whole burden of affording hospitalization still remains the responsibility of the League and of a few other organisations, an inheritance from the times of the Mandate.

In all other civilised countries the Governments provide the hospitalization while the Leagues devote their energies entirely to preventive and instructive work among the population.

The Government acknowledges the vital work done by the League, by allocating annual grants-in-aid for upkeep of hospitals.

2500 hospital beds, instead of the 750 presently available, are not too many if the needs of the existing population be not neglected, and the plight of the New Olim be accounted for. Only a pooling of resources and agencies inside and outside Isarel will secure the beneficial results.

The League will not let itself be diverted also from the main problems i. e. the expansion of preventive work to every locality in the country, the propagation of social hygiene, the vocational re-orientation of the infected and convalescents, the systematic mass examination and tests of the population, the compilation of minute and complete recordings of statistical data, in order to get the scourge under control.

Summarising the situation as it exists — the League is planning for the immediate future:

1. To increase the number of dispensaries so as to include all the settlements of new Olim and localities of mixed population.
2. To equip these dispensaries with modern medical instruments.
3. To provide facilities for vocational training and education.
4. To augment the staff of doctors and social welfare nurses, for propagating social hygiene at school and home.
5. To instal a modern central statistical office for recording and controlling TB in Israel.
6. To inaugurate systematic mass examinations and tests at school and home.
7. To finish the second wing of the Central Hospital of the League, the Neveh-On Hospital, as originally planned.
8. To expand the Mt. Carmel Preventorium, the children's Sanatorium, to increase its bed capacity to 100 beds.

An ambitious plan indeed. Yet moderate in comparison with the growing needs.

CONCLUSIONS

The tragic conditions of our surviving brethren in Europe and the Middle East after the termination of the World War and, the expectation of mass Aliya and independance, brought the League after long contemplation to the conclusion that it must revert to stringent measures to cope with eventual emergencies.

It was decided to mobilise the sympathy and help of the Jews in the Diaspora, and also of gentile friends, for its work among Jewish survivors of Nazi concentration camps.

It was certain, that the majority of the survivors will strive to reach their fatherland at the shortest possible time, at an incessant stream. Reality proved this presumption to be correct. With the proclamation of the State of Israel the stream of Olim turned into a torrential Aliya, Israel being the sole country open to Jewish immigration.

It became clear that the Yishuv will not be able to cope, all alone, with the arising problems.

The League finds it necessary to invoke help from abroad. Committees in Europe have already shown great sympathy and understanding, and have some outstanding and gallant deeds, on record, to their credit. Yet the growing needs, necessitate the intensification of the activities of existing Committees and the organisation of new ones.

To all friends and sympathizers of our work abroad a sincere invitation is extend hereby, to visit the institutions which are the evidience of their acts of benevolence and understanding.

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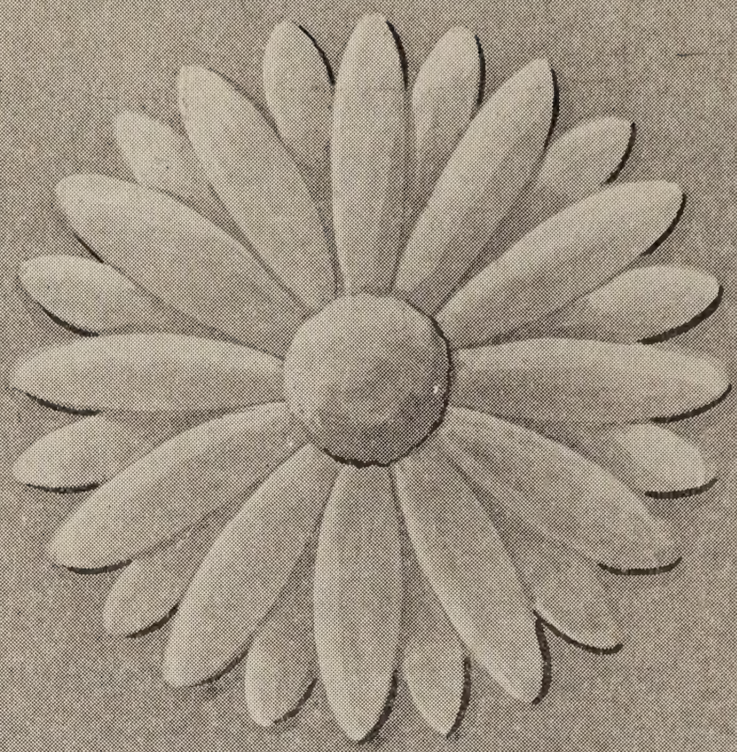

הליגה למלחמה בשחפת בישראל